

considers the role of nurses and thinks that because they are an essential part of health care, they are accountable for their activities and not merely answerable to some higher authority. That means that they must adopt a critical attitude to others involved in health care and should address their minds to issues rather than accept the views of others. The final contribution, by David Roy, states that philosophers have a responsibility to the public to develop a system of values which will serve as a guide in dealing with these biomedical issues. He feels that universal ethical standards should be developed by reference to the nature of things rather than man whose nature is subject to radical change.

These essays are of a high standard and they point emphatically to the need for an interdisciplinary approach to the issues with which they seek to grapple. They should appeal to the lay and the profession alike, but the lay person may at times wonder where he has got to, when he finds one view convincingly presented, only to find it attacked in the immediately following pages. Perhaps he should not be discouraged by this, in that none of the essayists claims that the issues have simple solutions. It is hoped that these essays and others like them will be used by students of medicine, law and philosophy to their certain advantage.

D J CUSINE

Illness as Metaphor

Susan Sontag

Allen Lane, 1979, 88 pp. £3.95.

In this book Susan Sontag sets out to discuss the way in which men have through much of human history employed their fantasies about illness as metaphors. She is particularly concerned with tuberculosis (in the 19th century) and cancer (now). It is these two diseases which in the popular mind have been seen as mysterious, as 'intractable and capricious', as a 'ruthless, secret invasion', the diagnosis of which was felt to be a sentence of death. Both diseases were originally named from the external swellings or lumps which were their earliest manifestations in some sufferers, and in both the body seems to waste away. But although at first the images of the two were equivalent, the fantasies developed differently,

those of TB being of a romantic or spiritualised nature, focussing on the lungs, while in those of cancer it is the invasive diffusion of the disease to less respectable organs (mainly 'below the belt') which is emphasised. TB is imagined as marked by an excess of passion, while (the author suggests) cancer is now held to be 'the wages of repression'.

Having shown how such fantasies, enshrined in literature, have grown progressively further away from the reality of the disease, the author goes on to discuss the punitive notions often attached to ideas of illness and to attack those which link the patient's disease to his character. From these she proceeds to discuss the language of warfare which is so often employed (by doctors as well as others) as we talk of tissue 'invasion', body 'defences' and our therapeutic 'armamentarium' which these days includes 'bombardment' of tissues to 'kill' the invader. The final chapter describes how disease metaphors are used 'to enliven charges that a society was corrupt or unjust'.

The author says that the 'healthiest way of being ill is one most purified of (and) resistant to metaphoric thinking'. But for most of the book it does not seem to be metaphor itself that she is attacking, so much as the undisciplined fantasies which cluster around the name of the illness which is used as a metaphor. (When she uses such words as metaphor, fantasy, myth or image it is often not clear whether she employs them for their common core of meaning or for their distinctiveness). Surely, it is humanly impossible to *experience* illness without having fantasies about it. From the sharing of such fantasies arise myths of the origin of the illness (analogous to myths of creation) which may become part of the received lore of medical as well as ordinary folk. As research and rationality are brought to bear on the matter, such fantasies and myths can be corrected and refined, but will never disappear so long as illness is experienced.

But Susan Sontag does not distinguish *experiencing* illness from *being* ill. Is someone ill if he is free of symptoms but has a tumour which he knows nothing about (until, for instance, he undergoes a clinical screening process)? By describing illness as an 'ineluctable material

reality' the author would presumably answer this question affirmatively. Not everyone would agree. And she apparently thinks that being ill is strictly meaningless. 'Nothing', she says, 'is more punitive than to give disease a meaning - that meaning being invariably a moralistic one'. And, arguing that in the popular imagination 'cancer equals death', she says 'As death is now an offensively meaningless event, so that disease widely considered a synonym for death is experienced as something to hide'.

Her positivist interpretation of illness leads her to attack attempts at psychological understanding of it, and she claims that 'theories that diseases are caused by mental states and can be cured by will power are always an index of how much is not understood about the physical terrain of a disease'. This is to tilt against windmills; no competent psychologist would claim that the mental state is the *only* cause of a somatic illness, but most would regard it as a relevant factor in the aetiology of many somatic illnesses and sometimes as offering a useful approach to treatment. (The additional clause 'and can be cured by will power' is a *non-sequitur*; convincing psychosomatic theories carry no such implication.) Susan Sontag has no use for theories of multiple causation, and seems to think they are discredited by the discovery of a specific treatment. Thus once streptomycin was found, aetiological factors in TB such as lack of fresh air, sunlight, adequate nutrition and exercise, and 'depressing emotions' in her view 'lose credibility'. But this is to confuse aetiology and therapy. She attacks those who (like Karl Menninger) are reluctant to 'name' cancer or to 'label' patients who have serious disease for their 'anti-intellectual pieties and a facile compassion'. She does not seem to realise that such reluctance is precisely aimed to avoid collusion with patients' exaggerated fantasies of the disease in question.

The book may perhaps be of some use as a warning against the unchecked growth of people's inevitable fantasies about illness. Otherwise, it seems to this reviewer to be ethically unhelpful, and mainly illustrative of the irritating misunderstandings which will no doubt continue to occur until (if ever) doctors and at least literate laymen can develop, and share, a

coherent philosophy with which to conceptualise illness and the treatment of ill people.

JAMES MATHERS

Quest for Excellence in Medical Education

Sir George Pickering, published for Nuffield Provincial Hospital Trust by Oxford University Press, 1978. 102pp, £4.50.

Medical Education and Medical Care, a Scottish – American Symposium, Gordon McLachlan (Editor), published for Nuffield Provincial Hospital Trust by Oxford University Press, 1977, 215pp, £6.00.

Sir George's recent death deprived us of one of the major figures in post-war British medicine. One of his outstanding qualities was the balance of his interest and skill in the three separate areas of clinical medicine, research and education. He combined these interests to an amazing and some would say unique degree, and it is this which makes the prospect of his book fascinating. There have been a large number of pressures on medical education in the last decade. Graduate output has increased. The scientific knowledge required as a background to practice has widened. New schools with new ideas have been formed, and the demands and standards of post-graduate practice have altered. There have been other challenges to expansion, however, most recently the stark economic reality of the enormous expense of medical education compared with other university courses. Medical unemployment could be a reality within a few years. Specialist and high technology medicine has been challenged at all levels, certainly by the renewed interest amongst medical students in general practice. All this should mean that medical educators are thinking hard about their task, and should be questioning the assumptions of their predecessors. Sometimes this seems to be the case, but more often the debate is confined to parochial issues, power struggles, and the defence of the status quo, ancient or modern. Sir George, asked by the Nuffield Provincial Hospital's Trust after the 1973 Pembroke Conference to survey medical education in general has avoided all the temptations of narrow thinking and has provided something

that was desperately needed, a short and well written piece which asks sharp and perceptive questions, and comes up with concise but deep and well-reasoned answers. Unlike the representatives of more recent reports on medical education, he visited the institutions he concentrates on and saw what they were actually doing, not what they said they were doing. As a piece of work it seems a model of its kind.

What he found is more alarming. Medical students are brighter and keener than ever before, and yet within the schools he often found them bored, felling they were 'data banks' and asked to cram current dogma rather than develop their own minds by using their observations and learning to achieve a synthesis of their own. This runs counter to the clear need of the undergraduate to learn how to learn in order to face a professional life full of changes in emphasis and practice. The idea that a graduating doctor should be immediately able to practise in any field, although implied in the Medical Acts, Sir George exposes for the nonsense it is; but he shows that this still has not led teachers or examiners to respond suitably. Now that postgraduate education is a reality for all branches of medicine, specialist teaching should be given at *this* point, and yet again he points out how examinations geared to reduce the chance of a badly trained doctor slipping through, and thus keeping up standards in general, are equally discouraging to original thought, literacy and scholarship and provided dogma not education as their pabulum. These and other ideas form challenging reading which should be required for anyone who teaches in medicine at any level.

The stimulation of Sir George's short piece (and why was it not in paperback?) contrasts with the broad and leisurely symposium on the contributions which Scotland and the USA have made to medical education and care, and the problems that these two countries face in common or in contrast. For anyone interested in history this is pleasant and useful reading, but it failed, as perhaps so many symposia fail, to have a cutting edge which helps us to shape the future. Several of the contributors were first rate, but what they had to say seemed to me curiously blunted. I am sure great benefits were derived by those who attended, but I feel the Trust spends

its money better for the reader when asking an individual to come up with a definitive statement, based on observation, like Sir George's, rather than a wide series of the type of survey that we find in this symposium. Which having been said, we should pay tribute to the work that the Trust has done in so many unusual but important and influential areas of medical education. May its foresight and generosity continue to enlighten us!

ROGER HIGGS

The End of an Age of Optimism—Medical Science in Retrospect and Prospect

Colin Dollery
Rock Carling Monograph, The Nuffield Provincial Hospitals Trust, 1978, 95 pp, £3.75.

The last decade has witnessed a wave of criticism of western medicine and its relationship with science. Two of the most imaginative and radical attacks have come from previous Rock Carling Fellows, Cochrane in 1972 and McKeown in 1976. Their monographs have been much debated and have rapidly become medical classics. Dollery has therefore a difficult tradition to follow in reviewing the role of science in medicine, in part as an answer to the critics.

He begins with a useful survey of the main criticisms which he draws up in the form of a list of charges against medical science. Apart from medical conspiracy, he finds that they each have some substance, but have been greatly exaggerated. From this he concludes that taken overall, science has served medicine well and the acknowledged deficiencies, though not unimportant, are peripheral. It is significant that the only charge judged unequivocally as guilty is medical 'gullibility' in accepting new procedures and drugs, which implies the need for an even greater application of traditional scientific method. The types of problem facing medicine are seen as basically unchanged and will be best remedied by more of the same approach, with some additions and modifications to allow for altered circumstances. The remaining chapters are mainly concerned with a more detailed justification and working through of this theme, especially concerning the organisational arrangements for research.